

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-574393

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11	1					
12						
13	1					
14						
15	1					
16						
17						
18						
19						
20						
21						
22	1					
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25						
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28						
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31	1					
32	1					
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35	1					
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37	1					
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45						
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48						
49						
50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	60					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						